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CONFIRMATION NO. 6996

SERIAL NUMBER 10/624,667	FILING DATE 07/22/2003 RULE	CLASS 417	GROUP ART UNIT 3746	ATTORNEY DOCKET NO. 6990.US.01
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APPLICANTS

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** CONTINUING DATA *****

This appln claims benefit of 60/418,914 10/16/2002
 and claims benefit of 60/418,986 10/16/2002

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
 ** 03/12/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY OH	SHEETS DRAWING 7	TOTAL CLAIMS 23	INDEPENDENT CLAIMS 4
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	EXAMINER'S SIGNATURE 	INITIALS 		

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TITLE
 Method for discriminating between operating conditions in medical pump

<input type="checkbox"/> All Fees
<input type="checkbox"/> 1.16 Fees (Filing)

<p>FILING FEE</p> <p>RECEIVED</p> <p>888</p>	<p>FEES: Authority has been given in Paper</p> <p>No. _____ to charge/credit DEPOSIT ACCOUNT</p> <p>No. _____ for following:</p>	<div><input type="checkbox"/> 1.17 Fees (Processing Ext. of time)</div> <div><input type="checkbox"/> 1.18 Fees (Issue)</div> <div><input type="checkbox"/> Other _____</div> <div><input type="checkbox"/> Credit _____</div>
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